

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | 3-28-01 |
| O.I.P.E. CLASSIFIER | | 10 | 7-10-01 |
| FORMALITY REVIEW | TT | 1112 | 8/21/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | 0 | ✓ | |
| 2 | 0 | ✓ | |
| 3 | 0 | ✓ | |
| 4 | 0 | ✓ | |
| 5 | 0 | ✓ | |
| 6 | 0 | ✓ | |
| 7 | 0 | ✓ | |
| 8 | 0 | ✓ | |
| 9 | 0 | ✓ | |
| 10 | 0 | ✓ | |
| 11 | 0 | ✓ | |
| 12 | 0 | ✓ | |
| 13 | 0 | ✓ | |
| 14 | 0 | ✓ | |
| 15 | 0 | ✓ | |
| 16 | 0 | ✓ | |
| 17 | 0 | ✓ | |
| 18 | 0 | ✓ | |
| 19 | 0 | ✓ | |
| 20 | 0 | ✓ | |
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| 42 | 0 | ✓ | |
| 43 | 0 | ✓ | |
| 44 | 0 | ✓ | |
| 45 | 0 | ✓ | |
| 46 | 0 | ✓ | |
| 47 | 0 | ✓ | |
| 48 | 0 | ✓ | |
| 49 | 0 | ✓ | |
| 50 | 0 | ✓ | |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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